

3-40  
7-39  
K23159

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7885

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4811 Cote Brilliante  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Mollie A. Hess

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 11, 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57 11 8 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis  
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business \_\_\_\_\_

12. Name Julius Hess

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Philomena Singer  
(City, town, or county) (State or foreign country)

15. Birthplace St. Louis  
(City, town, or county) (State or foreign country)

16. (a) Informant Hess

(b) Address 4811 Cote Brilliante

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Sept. 23, '40  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Bromachung and Co

(b) Address 4746 W. Florissant Ave.

19. (a) SEP 22 1940  
(Date received local registrar)

(b) J. F. Brudeck  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4811 Cote Brilliante  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 1940  
year 1940 hour 1:30 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Sept 19th 1940 to Sept 16th 1940.  
7:15 AM that I last saw her alive on Sept 16th 1940 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Mitral Incompetency

Due to \_\_\_\_\_

Due to Acute Intestinal Catarrh

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work?  (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. F. Brudeck (M. D. or other) \_\_\_\_\_

Address 4807 Canton St Date signed 9-20-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Gay W Wilkinson*

Licensed Embalmer No.....

*2575*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**